

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/589980

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/			
2				/		
3				/		
4				/		
5				/		
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50						
TOTAL IND.			↓	2	↓	↓
TOTAL DEP.			←	28	←	←
TOTAL CLAIMS			30			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.					↓	↓
TOTAL DEP.					←	←
TOTAL CLAIMS						